

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d 04153
Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

George F. Abell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

8. (b) Name of husband or wife.....

George Victoria Bennett

7. Birth date of deceased (mo., day, yr.)

6(c) If alive, give age..... years

Aug 24 1865 74

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

St. Marys Co., Md.

(Town, county, and state)

10. Usual occupation.....

Waterman & Merchant

11. Industry or business.....

Tent & Bag Manufacturer

MOTHER

FATHER

12. Name.....

George Washington Abell

13. Birthplace.....

St. Marys Co., Md.

14. Maiden name.....

Mary Virginia Bennett

15. Birthplace.....

St. Marys Co., Md.

16. Informant.....

Mary Victoria Abell

Address

California St. St. Marys, Md.

17. (Burial, cremation, or removal. Which?)

Buried

Date thereof.....

Aug 14 1948
(month) (day) (year)

Cemetery or crematory.....

St. John's

Location.....

near Hollywood, Ind.

18. Funeral director.....

W. C. McAllister Son

Address

Leonardtown, Md.

19. (Date rec'd by registrar)

Aug 12 1948
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County..... St. Marys

City or town.....

California (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Aug 10 1948 at 7:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1945 to April 10 1948
and that I last saw him alive on Mar. 30 1948

Immediate cause of death..... Coronary Occlusion

DURATION.....

Due to..... Cardio Vascular Disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

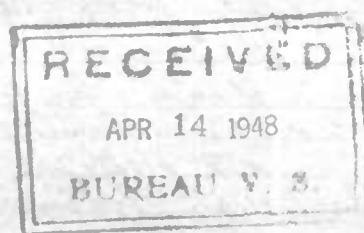
23. SIGNATURE.....

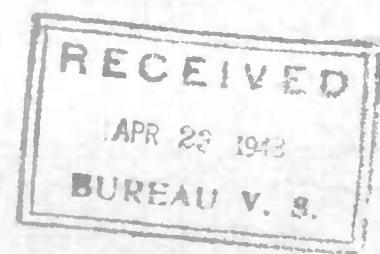
Francis F. Greenwell
M. D. or other

Address..... Leonardtown, Md. Date signed 4/11/1948

126413

WHITE CLOUDING, WASHNEM





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1246-04155
Reg. Dist. No. 287

1. PLACE OF DEATH:

County

City or town

St. Marys
Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 3 days

3. (a) FULL NAME

Minnick, A. Bradburn

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife

Catherine

7. Birth date of
deceased (mo., day, yr.)

Aug. 23 1902

6. (c) If alive, give age 38 years

8. AGE:

Years
45

Months

Days

It less than one day
hrs. min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

Chauffeur

11. Industry or business

U.S. Naval Air Station

MOTHER FATHER

12. Name

Leonard

13. Birthplace

Maryland

14. Maiden name

Bertha S. Bradburn

15. Birthplace

Maryland

16. Informant

T. S. Wilkinson

Address

Bidge, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4-2-48
(month) (day) (year)

Cemetery or crematory

Trinity of Md.

Location

St. Marys City

18. Funeral director

A. S. Wilkinson

Address

Leonardtown, Md.

19. 412

Date reg'd by registrar

15

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

St. Marys
Bidge

(If rural, give LOCATION)

3. (b) Social Security Number

220-16-7329

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1

1948, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on March 31 1948.

Immediate cause of death

Myocardial Failure

Due to

Primary Cirrhosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

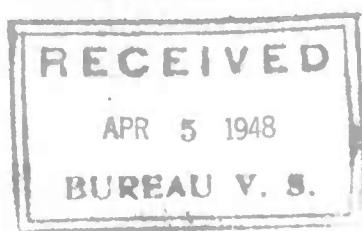
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Robert F. Fuchs, M.D. M.D. or other

Address Leonardtown, Md. Date signed 4/1/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

0456

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH

County St. MARYS

City or town LEONARDTOWN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 DAYS

Hospital, institution, or street address where death occurred:

ST. MARYS HOSP.

How long in hospital or institution? 14 DAYS

3. (a) FULL NAME

James M. Buckler

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White widowed

6. (b) Name of husband or wife Elizabeth Buckler

7. Birth date of deceased (mo., day, yr.)

May 20, 1865

(c) If alive, give age

years

8. AGE:

Years Months Days If less than one day

82

10

12

.hrs. min.

9. Birthplace

OAKVILLE St MARYS MARYLAND

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

same

12. Name

James B. Buckler

13. Birthplace

St. MARYS CO

14. Maiden name

Unknown

15. Birthplace

16. Informant

James M. Buckler Jr

Address

Baltimore 20 CO Maryland

Buried

Date thereof April 15, 1948

(month) (day) (year)

Cemetery or crematory

Silverbrook cemetery

Location

Wilmington Delaware

18. Funeral director

W. C. Mattingley Sons

Address

Leonardtown Maryland

19. (Date rec'd by registrar)

4/17

1948

Cause of death

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County St. MARYS

City or town OAKVILLE

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

10 APR 1948 at 1:25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

28 MARCH 1948 to 10 APR 1948

and that I last saw him alive on 10 APR 1948

Immediate cause of death

PNEUMONIA, Hypostatic

terminal

Due to

UREMIA

ARTERIOSCLEROTIC

CARDIOPRRENAL DISEASE

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Roy Guther M.D. M. D. or other

Address 10400 Biddle Rd Date signed 10 APR 1948

RECEIVED
APR 14 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

118

04157

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County St. Marys
City or town Oakley
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Francis Ignatius Carter

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored married6. (b) Name of husband or wife Annie Ophelia Carter

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age

59

years

March 4, 1885

8. AGE: Years 63 Months 0 Days 26 It less than one day hrs. 0 min. 09. Birthplace Richmond, St. Marys, Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Francis Carter13. Birthplace St. Marys County14. Maiden name Augusta Wilson15. Birthplace St. Marys Co.16. Informant Annie O. CarterAddress Oakley, Md.17. Burial Date thereof 4/5/48
(Burial, cremation, or removal. Which?) Burial (month) (day) (year)Cemetery or crematory St. Marys BeachLocation Richmond, St. Marys18. Funeral director A. L. Donathaler SonsAddress Leonardtown, Md.19. 4-3-48 M. D. or other

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. MarysCity or town Bladensburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1948 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-31 1948 to 4-3-1948

and that I last saw him alive on 4-2-1948Immediate cause of death Ray GunShot andstabbedDue to Penicillitis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

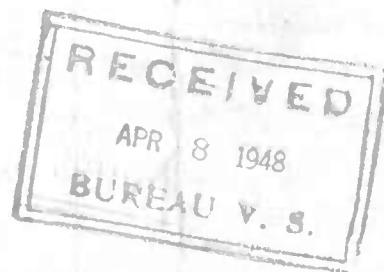
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert V. Palmer

M. D. or other

Address Westmoreland Date signed 4-3-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04158

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County

St. Mary's
near Oakley Maryland

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 years

Hospital, institution, or street address where death occurred:

Oakley Maryland

How long in hospital or institution?

3. (a) FULL NAME

George Melvin Carter

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

Nov 15 - 1929

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

18 4 29 hrs. min.

9. Birthplace

Buck Woods St. Mary's Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

James H. Carter

13. Birthplace

St. Mary's Co

14. Maiden name

Beatrice E. Carter

15. Birthplace

St. Mary's Co

16. Informant

John Melvin Carter

Address

Oakley Maryland

Social

Date thereof April 15: 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Sacred Heart

Location

Buck Woods Md

18. Funeral director

W C. Matherly Son

Address

Leonardtown Maryland

VS A15

19. 4/14 1948

Cemetery

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State St. Mary's County St. Mary's

City or town Oakley (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1948 at 2:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead since Apr. 10, to

and that I last saw h. alive on

Immediate cause of death

Advanced Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

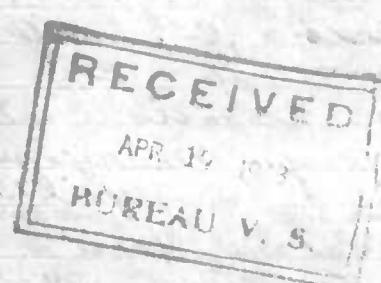
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Leonardtown, Md Date signed 4/12/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04159

92d

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Great Mills
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yearsHospital, Institution, or street address where death occurred: Great Mills Maryland

How long in hospital or institution?

3. (a) FULL NAME

Julia Christine Blaske

4. Sex

5. Color or race White
 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife George W. Blaske

7. Birth date of deceased (mo., day, yr.) April 10 1905

6. (c) If alive, give age 45 years

8. AGE: Years 42 Months 11 Days 27 If less than one day

hrs. min.

9. Birthplace Hollymead St. Marys Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER 12. Name Marija Trenor

13. Birthplace St. Marys Co.14. Maiden name Marija Galdabrough15. Birthplace St. Marys Co.16. Informant Mather BlaskeAddress California Mds17. Burial Burial Date thereof April 9, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy FaceLocation Great Mills, Md.18. Funeral director W. L. Matheny SonsAddress Levindoor, Md.19. 4/8 1948 Date rec'd by registrar19. 4/8 1948 Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County St. MarysCity or town California
 (If outside city or town limits, write RURAL and give nearest town)Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1948 at 7:30 A.M.21. CERTIFY that death occurred on the date above stated; that I attended deceased from near 2 1948 to Apr 7 1948 and that I last saw her alive on Apr 5 1948

Immediate cause of death

Chronic Endocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

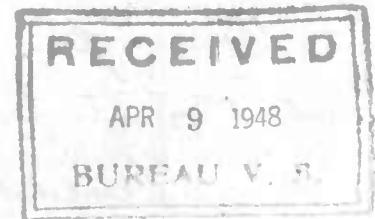
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank A. Caccia M. D. or otherAddress Levindoor, Md. Date signed 4/8/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46
04160
Reg. Dist. No. 281

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Valley Lee Maryland

How long in hospital or institution?

3. (a) FULL NAME

Bessie Hewitt

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Emily Blanchard

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Nov 12-1874

8. AGE: Years Months Days If less than one day

73 4 30 hrs. min.

9. Birthplace Valley Lee Maryland

(Town, county, and state)

10. Usual occupation Care taker

11. Industry or business

John Hewitt

12. Name

John Hewitt

13. Birthplace St. Mary's Co

Mary Johnnae Trevor

14. Maiden name

St. Mary's Co

15. Birthplace

Vernon Hewitt

Valley Lee Md

Buried

(Burial, cremation, or removal. Which?)

Date thereof April 13, 1948

(month) (day) (year)

Cemetery or crematory Poplar Hill Cemetery

Location Valley Lee, Maryland

18. Funeral director W. C. Matherly Sons

Address Leon Attorneys / Md

19. 4-10-1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Valley Lee (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 10 1948 at 8:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1947 to April 10 1948
and that I last saw him alive on April 8 1948

Immediate cause of death

Carcinoma of stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

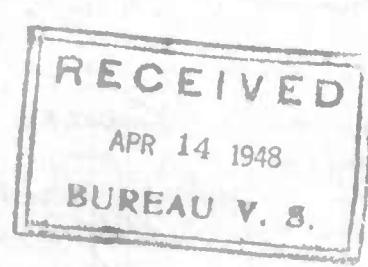
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other
Address Great Mills, Md. Date signed 4-10-48



PLEASE WRITE PLAINLY, IN BLACK INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04/61

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County

St. Mary's

City or town

Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 month

Hospital, institution, or street address where death occurred:

St. Mary's Hospital Leonardtown

How long in hospital or institution?

1 month

3. (a) FULL NAME

Mrs. Theresa L. Madel

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female white widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

October 15, 1878

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Unknown

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

John L. Madel

Leonardtown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

St. Joseph

Location

Maryland

18. Funeral director

G. B. Robinson

Address

Leonardtown

4/20/48

Accurair

19. Date rec'd by registrar

19

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland County

City or town

Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

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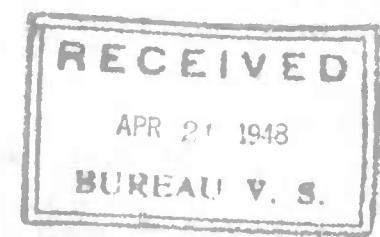
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

St. Marys Hospital
13 days

How long in hospital or institution?

3. (a) FULL NAME

L. Elizabeth Miles

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored unmarried

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 17 1890

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

57

6

18

hrs.

min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

House wife

11. Industry or business

John Yorkshire

FATHER

12. Name

St. Marys Co. Md

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. April 6 1948

(Date rec'd by registrar)

Date thereof

4-7-48

(month) (day) (year)

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

04/16/22

RECEIVED

APR 7 1948

BUREAU F. B. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04163

CERTIFICATE OF DEATH

Reg. Dist. No. 782

1. PLACE OF DEATH:

County.....

St. Marys

City or town.....

New Market Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

30 years

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

John L. Thompson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife.....

Ayles A. Thompson

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

May 9 - 1875

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Piceville Charles Maryland

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business.....

Farmer

12. Name.....

James L. Thompson

13. Birthplace.....

St. Marys Co

14. Maiden name.....

Sarah Anderson

15. Birthplace.....

St. Marys Co

16. Informant.....

J. Melvyn Thompson

Address.....

52 Adams St Washington D.C.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof April 21, 1948

(month) (day) (year)

Cemetery or crematory.....

St. Joseph Cemetery

Location.....

Morganza Maryland

18. Funeral director.....

W. C. Washington Son

Address.....

Lawn & Dunes Maryland

19. (Date rec'd by registrar)

4/2/48

Cause.....

Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... St. Marys

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

April 18 1948 at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Second wife first seen

19.

and that I last saw h..... alive on

Immediate cause of death.....

Fractured skull (base)

immediate

Due to.....

Trauma

Due to.....

Other conditions Fractured spine, ribs, etc.
Fractured pelvis, femur, tibia, fibula, etc.
(Indicate pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... Fractured skull, met. fracture.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

4/18/48

Where did injury occur? New Market St. R.R. 1/2

Date

1948

Injured at home, farm, industry, public place (where?)

Date

1948

Means of injury.....

Date

1948

23. SIGNATURE.....

Julia L. Lane M.D. M. D. or other

Laydon, M.D. Date signed 4/19/48

M

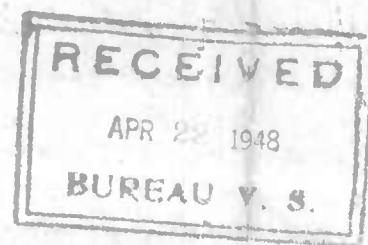
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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Mary's
 County: Leonardtown
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 mo.
 Hospital, institution, or street address where death occurred: St. Mary's Hospital
 How long in hospital or institution? 1 mo.

3. (a) FULL NAME William Matthews Wheeler

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife: Anna Wheeler

7. Birth date of deceased (mo., day, yr.) 2/4/1898 6. (c) If alive, give age years

8. AGE: 50 Years 1 Months 5 Days 1 If less than one day hrs. 40 min.

9. Birthplace: La Plata, Charles Co. Md. (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

MOTHER FATHER
 12. Name: Fred Wheeler
 13. Birthplace: Port Creek, Charles Co. Md.
 14. Maiden name: Emma Marshall
 15. Birthplace: Port Creek, Ches. Co. Md.

16. Informant: Annie Wheeler
 Address: Mc. Conchie, Maryland

17. Burial: Burial Date thereof: 4/8/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: St. Catherine
 Location: Mc. Conchie, Charles Co. Md.

18. Funeral directors: Leavenworth & Co.
 Address: Mason Spring, Charles Co. Md.

19. 4/5 1948. Cambridge (Date rec'd by registrar) Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

CERTIFICATE OF DEATH

Reg. Dist. No. 282

04164

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St. Mary'sCity or town: California (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH: April 5 1948, at 1:30 A.M.22. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1948, to April 5 1948,and that I last saw him alive on April 4 1948.

Immediate cause of death:

UremiaDURATION 1 mo.Due to: Bilateral ureter lemonade & negl. in 1 mo.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Autopsy results: Post mortem: negative
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE: John J. Davis M.D. M. D. or otherAddress: Leavenworth & Co. Date signed: 4/5/48

